



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 9, 2021

Terry R. Kees
tkees@penickvillage1964.org

No Review

Record #: 3630
Date of Request: August 4, 2021
Facility Name: Penick Village
FID #: 923395
Business Name: Penick Village
Business #: 3331
Project Description: Reduce by four the number of dually certified NF beds to Medicare only beds for a total of 20 dually certified NF beds and 30 Medicare only NF beds
County: Moore

Dear Mr. Kees:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Tanya M. Saporito

Micheala Mitchell
Chief, Certificate of Need

cc: Nursing Home Licensure and Certification Section, DHSR

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



**PENICK
VILLAGE**

Received by Healthcare
KUG - 4 2021
Planning & CON Section

July 27, 2021

Ms. Tanya M. Saporito, Project Analyst
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
809 Ruggles Dr., 2704 Mail Service Center
Raleigh, NC 27699-2704

SUBJECT: PENICK VILLAGE, INC., PROVIDER #345111, BUSINESS #3331

Dear Ms. Saporito:

Similar to our correspondence with your office earlier this year, this letter is to advise that we are redesignating four Community Skilled Nursing rooms/beds from Medicare/Medicaid to Medicare-only, our Community Skilled Nursing rooms 170, 172, 177 and 179. This will result in Nursing having 20 Medicare/Medicaid rooms/beds and 30 Medicare-only rooms/beds. For reference, please see the four yellow-highlights on the attached Form DHSR 4504.

In reviewing your correspondence from earlier this year, we noted that based on the State's then-prevailing Certificate of Need ("CON") law, our previous similar redesignation did not require a CON. We are unaware of any changes in the State's CON law in the interim and are, therefore, assuming this redesignation is also not subject to any CON issues. However, if we are incorrect, please DO so-advise us at your earliest convenience.

Thank-you for your time and consideration.

Sincerely,

Terry R. Kees
Penick Village, Inc.
Chief Financial Officer
910-692-0433
tkees@penickvillage1964.org



BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

PROVIDER
NUMBER: 345111

Southern Pines, NC

NAME OF FACILITY: Penick Village, Inc.

If change in beds or room numbers
the effective date of the change: Sept. 30, 2021

Room Number	# of Beds within Room	CHECK ONLY ONE				Room Number	# of Beds within Room	CHECK ONLY ONE				*Licensed Only
		Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only			Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	
101	1			X	Nursing	140	1			X	Nursing	
102	1			X	Nursing	141	1			X	Nursing	
103	1			X	Nursing	142	1			X	Nursing	
104	1			X	Nursing	143	1			X	Nursing	
105	1			X	Nursing	160	1	X			Nursing	
106	1			X	Nursing	161	1	X			Nursing	
107	1			X	Nursing	162	1	X			Nursing	
108	1			X	Nursing	163	1	X			Nursing	
109	1			X	Nursing	164	1	X			Nursing	
110	1			X	Nursing	165	1	X			Nursing	
111	1			X	Nursing	166	1	X			Nursing	
112	1			X	Nursing	167	1	X			Nursing	
113	1			X	Nursing	168	1	X			Nursing	
114	1			X	Nursing	169	1	X			Nursing	
115	1			X	Nursing	170	1	X		X	Nursing	
116	1			X	Nursing	171	1	X		X	Nursing	
118	1			X	Nursing	172	1	X		X	Nursing	
120	1			X	Nursing	173	1	X			Nursing	
131	1			X	Nursing	174	1	X			Nursing	
132	1			X	Nursing	175	1	X			Nursing	
133	1			X	Nursing	176	1	X			Nursing	
134	1			X	Nursing	177	1	X		X	Nursing	
135	1			X	Nursing	178	1	X		X	Nursing	
136	1			X	Nursing	179	1	X		X	Nursing	
137	1			X	Nursing						Nursing	
138	1			X	Nursing						Nursing	

NOTE: The four yellow-highlighted rooms represent the four we are redesignating as Medicare-only.

INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services. Total the beds for the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet. The administrator must sign and date the form on the back since copies of these forms are sent to the appropriate certifying agencies for reimbursement purposes.

*Identify type of beds (Nursing or Adult Care Home)

DHSR-Form 4504 (03/09) - Formerly 4103 **NOTE: The Medicare-only designations for rooms 107, 108, 109 and 132 were effective 04/01/21.**

NOTE: The Medicare-only designations for rooms 170, 172, 177 and 179 will be effective 09/30/21.

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Penick Village, Inc.
Southern Pines, NC

PROVIDER NUMBER: 345111

If change in beds or room numbers the effective date of the change: No later than Sept. 30, 2021

Room Number	# of Beds within Room	CHECK ONLY ONE			Room Number	# of Beds within Room	CHECK ONLY ONE			*Licensed Only
		Medicare Medicaid	Medicaid Only	Medicare Only			Medicare Medicaid	Medicaid Only	Medicare Only	
202	1									Adult Care
203	1				270	1				Adult Care
204	1				271	1				Adult Care
208	1				274	1				Adult Care
210	1				275	1				Adult Care
211	1				GC1	1				Adult Care
214	1				GC2	1				Adult Care
218	1				GC3	1				Adult Care
231	1				GC4	1				Adult Care
232	1				GC5	1				Adult Care
234	1				GC6	1				Adult Care
235	1				GC7	1				Adult Care
236	1				GC8	1				Adult Care
237	1				GC9	1				Adult Care
239	1				GC10	1				Adult Care
240	1									
243	1									
244	1									
245	1									
250	2									
258	2									
259	2									
262	1									
265	1									
266	1									
267	1									

TOTAL - NURSING:

Medicare/Medicaid = 16 (Beds)
Medicare Only = 34 (Beds)

TOTAL - ADULT CARE:

Medicaid Only = _____ (Beds)
Licensed Only = 40 licensed rooms, 42 licensed beds

FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid

*Identify type of beds (Nursing or Adult Care Home)

Administrator's Signature: *Dorinda C. Wood*

Date: *7/27/2021*